

CLAIMS

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I claim:

1. An intestinal intubator with drain and irrigator, comprising:

- a drain enclosed in invaginator,
- 5 ▫ an intractor of invaginator with drain, which is a flexible tube,
- a feeder of intractor,
- a reel with a branch pipe,
- an anal-sigmoid tubus,

wherein the improvement comprises a hose with punctures, enclosed into the drain.

- 10 2. The device according to claim 1, wherein the proximal ends of drain and invaginator are connected with the distal end of intractor.
- 3. The device according to claim 2, further comprising a feeder of invaginator with drain and intractor, placed in the branch pipe and which is a cylinder with a carriage composed of a hollow piston and a tube which are interconnected by a cuff for the invaginator with drain and
- 15 intractor and a distancer, while said tube has a compaction fastened in the cylinder.
- 4. The device according to claim 3, wherein the invaginator with drain and the intractor have a similar diameters and are placed on the reel in one row.
- 5. The device according to claim 3, further comprising a spiral-knitted drain with a resilience ensuring its intraction.
- 20 6. The device according to claim 3, wherein the drain comprises a hose without punctures.
- 7. The device according to claim 3, wherein the invaginator repeats the form of drain.
- 8. The device according to claim 2, wherein the anal-sigmoid tubus is made of two sleeves, joined by a flexible tube.
- 9. The device according to claim 8, further comprising a removable anal collector of said
- 25 invaginator, drain and hose, which connects the anal sleeve with the branch-pipe.
- 10. The device according to claim 1, further comprising a hose with punctures placed inside the invaginator alongside the drain.
- 11. A method of two-forced intestinal intubation, comprising a feeding of excess fluid pressure into the everted part of invaginator, wherein the improvement comprises a change of the
- 30 negative and the excess fluid pressure in the cavity of a feeder's cuff.
- 12. An influx-and-extract method of evacuation of intestinal contents, comprising a feeding of negative pressure into the drain, wherein the improvement comprises a change of feeding of fluid pressure into the hose with punctures and connecting of external ends of said hose and of intractor to the negative pressure.